California Medicine

EDITORIAL

The New Assistant Secretary

WHEN ROGER EGEBERG gave his paper "The Patient: A Statistic or a Person" at the Annual Meeting of the California Medical Association, and when the editors accepted it for publication in this issue of CALIFORNIA MEDICINE, no one suspected that he would be selected by President Nixon as Assistant Secretary for Health and Scientific Affairs in the Department of Health, Education, and Welfare.

This signal honor to this well-known and respected California physician is a fitting capping to a distinguished career of service in patient care, public health, social welfare and most recently in medical education. Those who know Roger Egeberg are sure that he will leave his mark on the Department of Health, Education, and Welfare just as he has on the California State Board of Health, the Los Angeles Department of Charities, the University of Southern California School of Medicine, and most recently the pace-setting California Committee on Regional Medical Programs.

This forceful and effective administrator has also been a practicing physician and his paper makes clear that he views the patient as a person and not a statistic. This augurs well for the health of the American public as he assumes his important post in Washington, D.C.

Von Willebrand's Disease

VON WILLEBRAND'S DISEASE is probably the most common congenital hemorrhagic disorder affecting mankind. Its most frequent clinical symptom is bleeding from the mucous membranes, particularly after minor operations, and its principal laboratory finding is a long bleeding time. It occurs in both sexes and is transmitted as an autosomal-dominant characteristic. In the present issue of CALIFORNIA MEDICINE Herbert Perkins, participating in the Medical Staff Conference, presents a masterful discussion of the problems involved in the diagnosis and treatment of this disorder, even though improved methods have recently become available.

Since Professor Erick von Willebrand of Helsinki first described this condition in a group of residents of the Aaland Islands in the Baltic Sea in 1926, the variability in the severity of its clinical and laboratory manifestations has been recognized. For many years the diagnosis was based on the finding of a prolonged bleeding time, normal clotting time, normal clot retraction, and a normal number and appearance of the blood platelets; capillary fragility was sometimes increased. As early as 1928, however, George Minot pointed out that the one characteristic positive laboratory finding of the disease, that is, the prolonged bleeding time, might be demonstrable only intermittently; since then there has been a continuing search for other confirmatory diagnostic criteria.

Modern techniques that have improved the accuracy of diagnosis include (1) the use of more sensitive bleeding time methods, such as those of Ivy or Borchgrevink, rather than the Duke method